

CLAIMS ONLY

Application Number <i>01906085</i>	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1					/				
2									
3						/			
4						/			
5						/			
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50									
Total Indep					3				
Total Depend					6				
Total Claims					9				